

Workforce Development Workgroup

Michigan Long-Term Care Supports and Services Commission

Meeting Notes

July 24, 2007

Attendees:	Hollis Turnham	Dave Shevrin	Maryanne Moore
	Kathryn Tuck	Jean Peters	Michelle Munson-McCory
	Pamela McNab	Lynn Zuellig	Dave Jackson
	Maureen Sheahan	Tanya Haney	Jean Brisbo
	Rosemary Ziemba	Tameshia Bridges	Kathleen Murphy
	Jillian Rainwater	Vicki Enright	Dawn Sweeney
	Jules Isenberg-Wedel	Edith Miller	Jennifer Burwell
	Fiona Hert	Linda Ewing	Bob Allison
	Fatim M'Ahini		

1. Welcome, Introductions, and Review of Agenda

Attendees introduced themselves and shared a recent accomplishment, personally and/or professionally.

2. Review of the Commission's Charge to Workforce Development Workgroup

We reviewed the Charge to the Workforce Development workgroup that is similar to all other workgroup charges. Particular note was made of the expectation that workforce development participants are expected to engage their members, volunteers, and constituencies in advocacy to implement Task Force recommendations.

What is the time line for the Workgroup? The group has the ability to determine the our pace of work and recommendations. With this caveat: since the Commission was appointed and created by Governor Granholm, the new Governor elected in 2010 could discontinue the Commission. .

We need to keep in mind that organizational and societal culture change is an overarching goal of the Commission. The Task Force's focus was to impact state policy in state agencies (the Legislature, MDCH, MDLEG, MDHS, educational entities, and others). While the activities of other stakeholders (consumers, providers, organized labor, consulting organizations) are important to inform state activities, the Commission and this workgroup's charge is to influence state governmental activities.

Our charge is flexible and we can change it with Commission approval, If you have any questions, comments or thoughts about the Workgroup's charge, let Hollis know.

3. Review of the January 2007 Progress Report on the Workforce Recommendations of the Task Force.:

#1 **MWA services to LTC employers and job seekers.** The recommendation is specific to the MI Works Agencies. There are 25 MWA's that have the funds and authority screen, recruit, and train potential LTC workers. They are currently working towards consistency statewide in their processes; something that employers and job seekers have highlighted as an issue. The current focus of MWAs appears to be on job readiness rather than aptitude.

#2 **Recast MI welfare to work programming.** JET (Jobs, Education and Training) has

replaced Work First. The concern with JET is that state assessments by DLEG/DHS insure that referred workers are entering LTC jobs because of job seekers' **interest and ability.**

- #3 **LTC recruitment campaign.** The recruitment campaign developed by the state appears focus has been primarily on recruitment of nurses and physicians with little focus on LTC organizations and little attention to direct care workers positions or other non-licensed occupations. An interesting note: According to federal data from the Bureau of Labor Statistics (www.gov.bls) MI has more home health aides than physicians and the number of home health aides needed is very large.

- #4 **State promotion of LTC career opportunities.** Attendees remarked that more clinical placements for all kinds of health care jobs are now based in various kinds LTC organizations.

MSU has a project to transition acute care nurses LTC areas through more varied clinical opportunities.

“No Worker Left Behind” – a new initiative from the Governor's office and DLEG offers 2 years tuition for training in a demand area. For more information and criteria, go to www.michigan.gov/nwlb

- #5 **Better Training.** Adult Abuse and Neglect Prevention workshops will reach approximately 8,000 workers by the end of the grant period.

Traverse City based RSA has received a new DOL grant for \$500,000 to expand their services to people working in LTC and LTC employers.

A CMS Technical Assistance grant has been received by the Medicaid agency and TA is being offered to MI Quality Community Care Council (QC3). Focus is on recruitment and outreach to both Providers and Consumers as well as improving training opportunities for Home Help Providers.

In Kalamazoo area, employers are looking at collective training; the apprenticeship focus has been slowly progressing and may even be on hold for the present.

The MSU and OSA curriculums on food preparation, nutrition, and household management referenced in the progress report are now available and are being used. All 3 modules total a 12-hour curriculum offered in 3 4-hour modules.

The Dementia Guide developed by the Michigan Dementia Coalition [“Knowledge and Skills needed for Dementia Care: A guide for Direct Care Workers] is being distributed and used internationally! The Self-Assessment tool for direct care workers is being currently being piloted and should be available in January 08.

With funding from MDCH, Chris Curtin and others are completing a curriculum guide for dementia training which should be available this fall. This curriculum will be useful in all settings.

The group needs an update on state conversations about the development of a “medication aide or tech” for nursing homes.

- #6 **Training for supervisors.** As part of its MiRSA grant from DLEG, the MI Direct Care Workforce Initiative has completed its literature review of curriculums for supervisors. The report is posted among the Michigan reports on www.directcareclearinghouse.org.

- #7 **Workplace injuries and safety.** LTC organizations have submitted grants applications

to MiOSHA for training but none have been funded yet.

- #8 **Raise Medicaid reimbursements.** Discussed updates highlighted in the progress report.
- #9 **Health care coverage for all who work in LTC.** MI First Health Plan is still in negotiations between the state and CMS. One major concern the current design being discussed for MI First is that it will not cover workers who have health care coverage offered to them, regardless of the policy's affordability.
- #9.1 **Benchmarks for direct care worker (DCW) involvement.** While no progress was reported in January, there are efforts to include DCWs in the Consumer Collaboration and the MI Choice quality meetings convened by the DMCH.
- #10 **Curricula development and reformed practice standards.** In addition to the work outlined in the progress report, MDCH is developing "person centered care curriculum" through its CMS grant funds.
- #11 **Track employment trends, including turnover.**

Time did not permit us to review the separate eight benchmarks for progress written by the Task Force.

4. Next Steps

How can we stay connected? Phone conferencing is currently unavailable. It can be arranged if an agency or organizations is willing and able to absorb the cost of the calls.

The membership list will continue to be circulated as it is updated. We now have 53 people on the list. Folks are encouraged to send Hollis missing information from the list.

Please share additional ideas that we help us stay connected.

Are some stakeholders missing? It was recommended to reach out to:

- The Mental Health community. Noted that there was a separate Governor's Task Force on Mental Health services that has a separate set of recommendations.
- Direct care workers. PHI has funding to cover lost wages and mileage for DCW to attend these and other workgroup meetings related to **health care coverage for all who work in LTC**. For more information, please contact Tameshia Bridges of PHI, 517-372-8310.
- Chris Hennessey
- More long term care organizations and employers (although there are some on the Workgroup list and attending today. Plus, once we figure out our work process, others may be able to join us.)
- Senior Companions program; they offer respite care, transportation services, among others.
- Centers for Independent Living
- MI Disability Rights Coalition

In order to insure workforce connections with other Task Force recommendations, Hollis is asking for volunteers to serve as "**workforce ambassadors**" on other Workgroups. So far, the following people have volunteered for this task. Volunteers are needed for others. Please send Hollis an email if you are interested.

Person Centered Planning Workgroup - Marci Cameron

Finance Reform Workgroup - Tameshia Bridges, Pat Anderson

Quality Workgroup - Michelle Munson-McCory

Prevention Workgroup – volunteer(s) needed

Public Education and Consumer Involvement Workgroup – volunteer(s) needed

Organizing our work. Mindful of the processes used by and success that the first workforce development workgroup had during the Task Force process, Hollis suggested that we create some sub-committees to further the 12 recommendations. Those attending identified two topic areas for sub-committees work during the meeting.

1. The Michigan Direct Care Workforce Initiatives (MDCWI) would like for the effort to improve the CNA curriculum to be part of the Commission's Workforce Development Workgroup. (Recommendation #5 Better Training)
2. Several people expressed interest in a committee focused on the health care coverage issues (Recommendation #9 Health care coverage for all who work in LTC.)

Meeting Schedule

The plan is to meet bi-monthly at the Tri-County Office on Aging in Lansing, from 1:30-3:30 pm.

Upcoming meeting dates are

Tuesday, September 25

Tuesday, October 30

Wednesday, December 12